

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

# ENRICHING KIDS INSIDE & OUT

**SCIENCE • TECHNOLOGY • ENGINEERING • ARTS • MATHEMATICS** 



# **Before & After School Program**

# Registration Overview

## **REGISTRATION**

Enrollment is open to any child attending a school where a YMCA Before and After School program is offered. Each YMCA Before and After School program is licensed for the children attending that school site. Registration is not complete until the registration packet has been completed and returned along with a \$50 registration fee, per child, and payment for the 1<sup>st</sup> week of attendance. Registration fee is waived for participants with a YMCA Family membership.

## **HOURS**

**Before School:** 6:30am until school starts (Hartley Elementary only)

After School: End of school until 6:00pm

\* Late pick up fee is \$1 per minute, per child for any child picked up later than 6pm. The fee is due at pickup and must be paid before child may attend Before and After school again.

2016/2017 St. Johns County Before and After	r School	Rates
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Hartley Elementary School		AM Rates	PM Rates	AM/PM Rates
	Regular rates	\$38	\$62	\$76
	2 Days a Week	\$19	\$42	\$46
Gamble Rogers Middle School				
	Regular rate	-	\$50	-
Ponte Vedra YMCA (6 <sup>th</sup> -8 <sup>th</sup> grade)				
	Member Non-member	- -	\$35 \$50	- -

<sup>\*\*\*</sup>Financial Assistance is available to those who qualify.

Extended programs and services are available on days when school is not in session. Additional fees are required for these services, contact your Before and After School site for more information.

#### **FEE SCHEDULES**

Regular fees are based on a five-days-per-week schedule. A two-day-per-week schedule is only available on a limited basis at Before and After School sites. Partial-week students choose the two days they will attend in advance and must commit to the schedule set in place. Any changes in schedule require a written two week notice.

Payment: All payments are due one week in advance. Weekly fees are due the *Monday before the week of care*. Payments made after Monday will be adjusted to include a \$10 late payment fee. Payments can be made by check, money order or automatic bank draft. NO CASH, please. Automatic payments can be scheduled weekly, bi-weekly, or monthly from credit card or bank accounts. Automatic payment is the most effective way to never have a late fee again!

A Healthy Snack based on USDA guidelines is provided for children daily at **Hartley Elementary and Gamble Rogers Middle Schools**. Parents will provide a healthy lunch and drink on ½ days. Please, no fast food or candy. At the **Ponte Vedra Middle program** participants will need to pack their own snack or bring money to purchase snacks.

For more information, you may contact the Before and After School site locations above during program hours or contact the Ponte Vedra or St. Augustine YMCA branches.



FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Office Use Only			
Participant #:			
Date Received: / / By:			
Preferred Method of Payment:	□ EFT	□ Online	☐ At Site
Registration Fee: \$	Wee	kly Fee: \$	
			Other No

# YMCA BEFORE & AFTER SCHOOL PROGRAM

## **REGISTRATION FORM | 2016-2017**

St. Johns County Youth Development | Ponte Vedra YMCA 904.543.9622 | St. Augustine YMCA 904.471.9622

A completed registration consists of Registration Form, Child Information Form and all required fees paid. Your child may not attend BAS until ALL required forms are completed and on file with the YMCA Site Director at your site.

PROGRAM I	INFORMAT	ION						
ENROLLMENT	(START) DAT	TE /	/	SCHOOL	NAME			
5-DAY PLAN	□ AM □ F	PM □ AM/P	М					
2-DAY PLAN	□ AM □ F	PM □ AM/P	M WHICH 2 DAY	S (PLEASE CIRCLE)	MON. TUE	S. WED.	THURS	S. FRI.
CHILD INFO	ORMATION	I						
CHILD'S NAME	<b>.</b>		NICKNAM	IE	DA	TE OF BIRTH	/	/
GENDER		GRADE	ETH	HNICITY (CIRCLE AL	L THAT APPLY)	W B A	н І	OTHER
ADDRESS			CITY	,	STATE		ZIP	
HOUSEHOLD PH	IONE			HOUSEHOLD EMA	AIL			
PARENT/GU	JARDIAN 1	NFORMA	ΓΙΟΝ					
MOTHER OR L	EGAL GUARD	IAN NAME						
ADDRESS				CITY	STATE		ZIP	
EMPLOYER					WORK PHONE			
HOME PHONE			CELL PHONE		EMAIL			
FATHER OR LE	GAL GUARDI	AN NAME						
ADDRESS				CITY	STATE		ZIP	
EMPLOYER					WORK PHONE			
HOME PHONE			CELL PHONE		EMAIL			
WHO HAS LEG	AL CUSTODY	?						
☐ MOM ONLY	□ DAD	ONLY	☐ BOTH PARENTS	☐ OTHER (PLE	EASE EXPLAIN)			
WHO IS PERM								
☐ MOM ONLY	□ DAD	ONLY	☐ BOTH PARENTS	☐ OTHER (PLE	EASE EXPLAIN)			
EMERGENC	Y CONTAC	TS & AUTI	ORIZED TO PICE	( UP				
ID IS REQUIR	ED TO PICK U		<b>ILD</b> (REQUIRED: MINIM ONE		THAN PARENTS FIONSHIP	5)		
NAME			ONE		TIONSHIP			
NAME			ONE		TIONSHIP			
NAME			ONE		TIONSHIP			
IVALIE		FIN	JINL.	KLLAI	TONOLITE			
MEDICAL II	NFORMATI	ON						
CHILD'S PHYS	ICIAN			PHYSI	CIAN PHONE			



**MEDICAL INFORMATION** 

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

# **BEFORE & AFTER SCHOOL PROGRAM**

# **CHILD INFORMATION FORM | 2016-2017**

St. Johns County Youth Development | Ponte Vedra YMCA 904.543.9622 | St. Augustine YMCA 904.471.9622

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□ MEDICAL CONDITION/DIAGNOSIS: □ CHRONIC ILLNESS: □ HISTORY OF SERIOUS INJURY/HOSPITALIZATIONS: □ PHYSICAL RESTRICTIONS: □ ALLERGIES (INSECT, MEDICATIONS, FOODS, ETC.): □ SPECIAL DIETARY RESTRICTIONS: □ SPECIAL NEEDS (IF YES, PLEASE COMPLETE THE ADDITIONAL INFORMATION BELOW): □ YES □ NO  SPECIAL NEEDS PLEASE HELP US LEARN ABOUT YOUR CHILD'S SPECIFIC SPECIAL NEED AND ABOUT HIS/HER ABILITY TO MANAGE EVERDAY TASKS THAT ARE COMMON IN OUR PROGRAM. BEFORE YOUR CHILD IS ENROLLED, WE WILL MEET WITH YOU TO DISCUSS FURTHER.  PLEASE DESCRIBE YOUR CHILD'S NEEDS:
□ HISTORY OF SERIOUS INJURY/HOSPITALIZATIONS: □ PHYSICAL RESTRICTIONS: □ ALLERGIES (INSECT, MEDICATIONS, FOODS, ETC.): □ SPECIAL DIETARY RESTRICTIONS: □ SPECIAL NEEDS (IF YES, PLEASE COMPLETE THE ADDITIONAL INFORMATION BELOW): □ YES □ NO  SPECIAL NEEDS  PLEASE HELP US LEARN ABOUT YOUR CHILD'S SPECIFIC SPECIAL NEED AND ABOUT HIS/HER ABILITY TO MANAGE EVERDAY TASKS THAT ARE COMMON IN OUR PROGRAM. BEFORE YOUR CHILD IS ENROLLED, WE WILL MEET WITH YOU TO DISCUSS FURTHER.
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TASKS THAT ARE COMMON IN OUR PROGRAM. BEFORE YOUR CHILD IS ENROLLED, WE WILL MEET WITH YOU TO DISCUSS FURTHER.
PLEASE DESCRIBE YOUR CHILD'S NEEDS:
DOES YOUR CHILD HAVE AN IEP?
MEDICATIONS
NAME OF MEDICATION: DOSAGE/FREQUENCY:
NAME OF MEDICATION: DOSAGE/FREQUENCY:
NAME OF MEDICATION: DOSAGE/FREQUENCY:
ADDITIONAL INFORMATION  PLEASE SHARE ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE HELPFUL IN CARING FOR YOUR CHILD:

### CONDITIONS OF YOUTH DEVELOPMENT PROGRAM PARTICIPATION

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the YMCA of Florida's First Coast Inc. to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

The undersigned understands that no accident or medical insurance is provided with this activity.

The undersigned gives his or her permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

### I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

I understand the registration fee must accompany this application and is non-refundable. The registration fee is waived for all participants having a current YMCA Family membership. I understand that one week's tuition is required at the time of registration to secure the participant's enrollment.

I understand that I am responsible for ALL weekly payments, regardless of attendance. There will be no prorated fees for non attendance. Part-time care is not available. Payment is due on Friday, for the upcoming week, and will be considered late after 6:00pm on Friday. The YMCA may bill any past due accounts and assess a \$10.00 per week late fee. My child may be dropped from the program for continuous non-payment of weekly tuition.

Children must be picked up no later than 6:00pm or a late charge of \$1.00 per minute, per child will be charged and is due at the time the child is picked up or the next morning before returning.

<b>ACCEPTANCE</b> I accept the Conditions of Youth Development F participate.	Program Participation set forth above and, being in sy	ympathy with the Mission of the YMCA, hereby apply to
PRINTED NAME OF CHILD	SITE	DATE
PARENT / GUARDIAN SIGNATURE		DATE
	ARS ON THE ORIGINAL REGISTRATION FORM IS AUTH Y DESIGNATING INDIVIDUALS AUTHORIZED TO PICK U	ORIZED TO MAKE CHANGES TO THE REGISTRATION FORM, JP THE CHILD.
I have received a copy of the DCF brochure "Know and discipline practices of the YMCA and I agree t		Before and After School Parent Handbook containing the payment policies
DADENIT / CHARDIAN CICNATURE		DATE

### FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and on behalf of your minor child, release the YMCA of Florida's First Coast, Inc. ("YMCA"), its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

## NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YMCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM [YMCA] IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:		
SIGNATURE OF PARTICIPANT (If less than 18-years-old, parents or legal guardians must sign below)	DATE	
PARENT / GUARDIAN	DATE	
PARENT / GUARDIAN	DATE	